

<p style="text-align: center;"><i>Effective on 12/08/2004.</i> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center; margin: 0;">FEE TRANSMITTAL</h2> <h3 style="text-align: center; margin: 0;">For FY 2009</h3>		<p style="text-align: center;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>09/892,769-Conf. #3442</td></tr> <tr><td>Filing Date</td><td>June 28, 2001</td></tr> <tr><td>First Named Inventor</td><td>Yoshiki KAWAOKA</td></tr> <tr><td>Examiner Name</td><td>G. Araque</td></tr> <tr><td>Art Unit</td><td>3689</td></tr> <tr><td>Attorney Docket No.</td><td>3562-0118P</td></tr> </table>		Application Number	09/892,769-Conf. #3442	Filing Date	June 28, 2001	First Named Inventor	Yoshiki KAWAOKA	Examiner Name	G. Araque	Art Unit	3689	Attorney Docket No.	3562-0118P
Application Number	09/892,769-Conf. #3442														
Filing Date	June 28, 2001														
First Named Inventor	Yoshiki KAWAOKA														
Examiner Name	G. Araque														
Art Unit	3689														
Attorney Docket No.	3562-0118P														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 70%;">(\$) 540.00</td> </tr> </table>		TOTAL AMOUNT OF PAYMENT	(\$) 540.00										
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METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Rcissues)	220	110
Multiple dependent claims	390	195

Total Claims Extra Claims Fee (\$) Fee Paid (\$)	- or HP = _____ x _____ = _____	Multiple Dependent Claims Fee (\$) Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	- or HP = _____ x _____ = _____	
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____	= _____
4. OTHER FEE(S)				Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)				
Other (e.g., late filing surcharge): 1401 Notice of appeal				\$540.00

SUBMITTED BY			
Signature:	Registration No. (Attorney/Agent): 39,491	Telephone: (703) 205-8000	
Name (Print/Type): Michael R. Cammarata	Date: February 4, 2010		